

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the supporting statement, and any additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.

1. Agency/Subagency originating request	2. OMB control number b. <input type="checkbox"/> None a. _____ - _____
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New Collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number For b-f, note Item A2 of Supporting Statement instructions	4. Type of review requested (<i>check one</i>) a. <input type="checkbox"/> Regular submission b. <input type="checkbox"/> Emergency - Approval requested by _____ / _____ / _____ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Requested expiration date a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: _____ / _____
7. Title	
8. Agency form number(s) (<i>if applicable</i>)	
9. Keywords	
10. Abstract	
11. Affected public (<i>Mark primary with "P" and all others that apply with "x"</i>) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond (<i>check one</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory
13. Annual recordkeeping and reporting burden a. Number of respondents _____ b. Total annual responses _____ 1. Percentage of these responses collected electronically _____ % c. Total annual hours requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____	14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods <input type="checkbox"/> Yes <input type="checkbox"/> No	18. Agency Contact (person who can best answer questions regarding the content of this submission) Name: _____ Phone: _____

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal Agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It used plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention period for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of the provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Senior Official or designee

Date

Agency Certification (signature of Assistant Administrator or head of MB staff for L.O.s, or of the Director of a Program or Staff Office)	
Signature	Date
Signature of NOAA Clearance Officer	
Signature	Date

**Atlantic Highly Migratory Species Fisheries
Vessel Monitoring Systems
Revision of Information Collection 0648-0372**

Section A. Justification:

1. Need for the Information

This Supporting Statement is submitted as part of a Paperwork Reduction Act (PRA) request to revise a current information collection that was approved under OMB control #0648-0372. The collection consists of a mandatory vessel monitoring system for vessels permitted in the commercial fisheries for Atlantic tunas (bluefin, bigeye, albacore, yellowfin and skipjack), sharks and swordfish that use pelagic longline gear.

NMFS requests a revision to the collection to require vessel operators to follow a prescribed installation protocol and provide certain information about the installation to NMFS. Under the revised requirement, an installation checklist would be issued by NMFS and the VMS installer would certify the information about the installation by signing the checklist and returning it to NMFS.

The purpose of this collection of information is to comply with the United States' obligations under the Atlantic Tunas Convention Act of 1975 (ATCA; 16 U.S.C. 971), and the Secretary of Commerce's obligations under the authority of the Magnuson-Stevens Fishery Conservation and Management Act (MSFCMA), and the implementing regulations at 50 CFR part 635. ATCA requires the Secretary of Commerce to promulgate regulations adopted by the International Commission for the Conservation of Atlantic Tunas (ICCAT). As a member nation of ICCAT, the United States is required to take part in the collection of biological statistics for research purposes (fishing effort and catch) and to implement a VMS program for vessels in certain fisheries. In addition to this requirement, the United States, as one of the several member nations fishing for bluefin tuna and swordfish in the Atlantic Ocean, must abide by the specific quotas assigned to it by ICCAT and a VMS program can facilitate enforcement of a fishery closure after quotas are reached. Also, a VMS program would aid the NMFS Office of Law Enforcement in monitoring and enforcing closed areas implemented to reduce bycatch of juvenile swordfish, billfish, sea turtles and the northern right whale necessary to comply with the Marine Mammal Protection Act, the Endangered Species Act, and National Standard 9 (bycatch and bycatch mortality reduction) of the Magnuson-Stevens Act.

Effective September 1, 2000, operators of vessels permitted in the Atlantic tunas, swordfish and shark fisheries are required to install and activate a vessel monitoring system whenever they leave port with pelagic longline gear on board. Once installed and activated, position reports are transmitted automatically to NMFS via satellite. Given that the VMS hardware and satellite communications services are provided by third parties as approved by NMFS, there is a need for

NMFS to collect information regarding the individual vessel's installation in order to ensure that automated position reports will be received. The requested revision to this information collection would not increase the time burden for installation of VMS but would require that a certification and checklist be returned to NMFS prior to the effective date of the VMS regulation.

2. Uses and Users of the Information

A VMS is programmed to provide the location of the vessel. This allows vessels to traverse closed areas or remain at sea after a fishery has closed provided they do not commence fishing operations. Therefore, this information will be used by NMFS to reduce costs of enforcement of a time/area closure and to monitor the fleet during the closed period.

The checklist indicates the procedures to be followed by the installers and, upon certification and return to NMFS, provides the Office of Law Enforcement with information about the hardware installed and the communication service provider that will be used by the vessel operator. Specific information that links a permitted vessel with a certain transmitting unit and communications service is necessary to ensure that automatic position reports will be received properly by NMFS. In the event that there are problems, NMFS will have ready access to a database that links owner information with installation information. NMFS can then apply troubleshooting techniques to contact the vessel operator and discern whether the problem is associated with the transmitting hardware or the service provider.

3. Use of Improved Information Technology

The installation checklist will be made available over the internet. NMFS will consider the use of electronic submission of the installation report (fax or email).

4. Consideration of Other Collections

There are no alternate sources of such specific information regarding an individual vessel's VMS installation.

5. Impact and Problems for Small Businesses

There are no costs associated with use of the checklists. The incremental time and cost burden of submitting installation information to NMFS is insignificant relative to the approved cost and time burden for installing VMS. The ability for NMFS to ensure proper operation of the VMS unit prior to the vessel's departure will save fishermen time and money.

6. Consideration of Less Frequent Reporting

The use and submission of an checklist is required only for the initial installation or when the hardware or communications service provider changes. Less frequent reporting would prevent NMFS and the vessel operator from confirming that the system is functioning properly.

7. Consistency with OMB Guidelines

Collection of information will be made in a manner consistent with OMB guidelines.

8. Public Comment

NMFS published a Federal Register notice that solicited public comments on the information collection prior to this submission (65 FR 24683, April 27, 2000). NMFS also faxed a draft of the checklist to potentially interested parties on its fax network. No public comments were received in response to either notice.

9. Payments

No payments or gifts are provided to respondents.

10. Confidentiality

There is a PRA statement printed on the installation checklist. This statement indicates that it is NOAA policy to preserve the confidentiality of information submitted under this reporting requirement, except that NMFS may release such information in aggregate or summary form, such that individual identifiers are not disclosed (NAO 216-100).

11. Sensitive Information

There are no questions of a sensitive nature.

12. Estimate of Burden

NMFS estimates a time burden of 5 minutes for completing the checklist and mailing/faxing to NMFS. For the estimated 298 vessels that will be required to install VMS (swordfish and tuna vessels that use pelagic longline gear), this amounts to an incremental burden of 25 hours. (The time burden for the actual installation, estimated at 4 hours per vessel, was previously approved by OMB).

13. Cost Burden

Only postage or phone charges would accrue to respondents submitting the installation checklist by mail or fax. Estimated total annual cost for returning checklists to NMFS is \$100.

14. Cost to Federal Government

Annualized cost to the Federal government for the VMS program was addressed in the prior submission. There are no incremental costs associated with collection of the installation checklist from vessel operators.

15. Program changes

The requested burden for the installation checklist is 25 hours above the 1,018 hours currently approved for this collection. The change in burden is attributable to a program change to require the 298 vessels installing VMS to complete and submit a checklist to inform NMFS of the details of the installation.

16. Publication of Results

No publication of information is planned other than annual summary tables of the total number of vessels installing and using VMS by manufacturer and communications service category, home port state and fishing area. Such tables may appear in reports to ICCAT, Stock Assessment and Fishery Evaluation reports, Environmental Assessments, Regulatory Impact Reviews, etc.

17. Display of Expiration Date

The control number and expiration date for OMB approval are displayed on the installation checklist form.

18. Exceptions to certification statement

No exceptions are requested.

Section B. Collections of Information Employing Statistical Methods

This collection does not employ statistical methods.

Attachments - VMS Installation Checklist
- Federal Register request for comments on checklist

Vessel Monitoring Systems Installation and Activation Checklist for the Highly Migratory Species Pelagic Longline Fisheries

INSTRUCTIONS: This Vessel Monitoring Systems (VMS) Installation and Activation Checklist for the Highly Migratory Species (HMS) Pelagic Longline Fisheries is provided by the National Marine Fisheries Service (NMFS) pursuant to the regulatory requirements of 50 C.F.R. ' 635.69(d). The vessel owner or operator must follow the indicated procedures when installing or re-installing an NMFS-approved VMS unit.

This checklist is applicable for the listed VMS providers currently approved for use in the HMS fisheries. Revised checklists will be provided if additional VMS providers are approved. Follow the particular checklist steps for the communications service and transmitting unit selected by the vessel owner. The vessel owner is responsible for all installation and activation costs. After completion of the installation and activation, the owner may confirm that the National Oceanic and Atmospheric Administration (NOAA) is receiving position reports by calling the NOAA OLE in St. Petersburg, Florida, at 727-570-5344, or by sending email to vms@noaa.gov.

INSTALLATION AND ACTIVATION CHECKLIST

1. Consult the "Vessel Monitoring System; List of Approved Mobile Transmitting Units and Communications Service Providers," published as a Notice in the Federal Register at 64 Fed. Reg. 48,988 (9/9/99), for the list of approved transmitting units and communications service providers. The list of approved units/providers is available from NMFS by calling 727-570-5344 or by obtaining the Federal Register Notice from the Internet at:
http://www.access.gpo.gov/su_documents/aces/aces140.html
2. If you already have an INMARSAT-C transmitting unit, continue to the next step. If not, go to Step 4.
3. If you have an INMARSAT-C transmitting unit that is the same make and model as the approved units, in order to qualify this unit for use in VMS, ensure the unit is functionally equivalent to the approved unit.
 - This requires you to upgrade the version of software and firmware for the unit, and/or reconfigure the message settings (unit parameters and menu options).
 - Contact the VMS provider for your make and model and upgrade your unit. After the provider performs the upgrade, go to Step 13. If you do not get an upgrade, continue to the next step.
4. Purchase new equipment and services for VMS.
 - Contact the entity(s) identified in the Notice under "VMS PROVIDER ADDRESSES" for information.
 - Identify yourself to the providers as participating in the "Highly Migratory Species VMS" to obtain the product information, pricing, unit configuration, and service options for VMS.
5. Determine the transmitting unit and communications service provider that best suit your needs.
 - Select which satellite system to use for the fishing vessel's VMS, the Argos or the INMARSAT-C.
 - If you select Argos, continue to the next step. If you select INMARSAT-C, go to Step 7.
6. Contact the Argos provider to purchase the transmitting unit and establish communications service.

- This includes applying for subscriber services, establishing credit, and setting up a billing account for ongoing communications charges.
 - The Argos provider will configure the unit to be ready for VMS (VMS message settings and satellite operations), and then ship the unit.
 - Note important, identifying information such as the Argos system ID number, unit serial number, and the user name and password to access your private position information. Go to Step 13.
7. Choose INMARSAT-C providers: one for the transmitting unit, and one for communications services.
 - The NOAA VMS is designed so that the fisherman has free choice of any combination of type-approved INMARSAT-C options.
 - Do the next two steps, Steps 8 and 9, in any order; then go to Step 10.
 8. Choose the INMARSAT-C communications service provider you prefer and establish a service contract.
 - This includes applying for subscriber services, establishing credit, and setting up a billing account for ongoing communications charges.
 - If applicable, record the important, identifying information, such as a user name and password to access your private position information and your transmitting unit, and the INMARSAT-C email address of your unit.
 9. Choose the INMARSAT-C transmitting unit you prefer.
 - If you purchase a Thrane & Thrane TT3022D, request part number "NMFS".
 - If you purchase a Trimble Galaxy TNL7005, request part number P/N 17760-45. Or, if you purchase a Trimble Galaxy Courier TNL8005, request P/N 30090-45.
 - The Thrane & Thrane provider initially will mail you only the form known as the INMARSAT Service Activation Request Form (SARF).
 - The Trimble manufacturer will enclose the SARF, together with its shipment of a unit that has been appropriately configured for VMS message settings.
 9. Register your transmitting unit for INMARSAT-C use, following these steps.
 - Fill out the SARF form referred to in the above step.
 - Fax or mail the SARF to the "routing organization" indicated on the form for U.S.-flagged vessels.
 - Enclose proof of the fishing vessel's "ship radio license" (copy of FCC Form 506) with the SARF.
 - When the SARF is processed, you will be given an "INMARSAT Number" (also known as "IMN" or "Mobile Number").
 - This number uniquely identifies your unit within the INMARSAT system, similar to a telephone number. Note this number.
 10. If you purchased a Thrane & Thrane unit, go to the next step. If you purchased a Trimble unit, go to Step 13.
 11. Contact your Thrane & Thrane provider and inform him of your INMARSAT Number and the communications service provider company name you have chosen (in Step 8).
 - The Thrane & Thrane provider will configure the unit to be ready for VMS (VMS message settings and satellite operations), and then ship the unit.
 12. Install the transmitting unit and antenna according to the installation instructions contained in the manual supplied by the manufacturer, or contact a marine electronics specialist or dealer to install the unit. (Also see Step 14.)

13. Run the cable connecting the unit in the wheelhouse to the antenna mounted outside, through a solid, immovable and permanent part of the vessel such as a bulkhead, deck, or console.
14. Turn on the power to the vessel transceiver.
 - If you purchased a Trimble unit, continue to the next step. If not, go to Step 17.
15. In order to configure the Trimble unit for satellite operations, contact your communications service provider.
 - Have Customer Service download pre-determined NMFS position report and broadcast commands ("DNIDs") from their control center to the vessel transceiver via satellite. These commands will set up and start the VMS position reporting between your INMARSAT Number and NOAA OLE.
 - Make sure the Customer Service performs this step twice, for each of INMARSAT Ocean Areas, Atlantic East and Atlantic West.
16. Confirm, by phone, with your communications service provider's Customer Service that periodic position reports are now automatically being sent to NOAA OLE.
17. The vessel owner must sign the statement certifying compliance with the installation procedures of the above steps, then submit the certified checklist to the Office for Law Enforcement (OLE), National Oceanic and Atmospheric Administration NMFS, 9721 Executive Center Drive North, Suite 130, St. Petersburg, Florida 33702.

Vessel Name: _____ HMS Permit Number: _____

VMS Transmitting Unit Manufacturer: _____

VMS Communications Service Provider: _____

Certification:

In accordance with 50 C.F.R. ' 635.69(d), as the owner of a vessel participating in the Highly Migratory Species Pelagic Longline Fisheries, I hereby certify that the VMS system on my vessel has been installed in compliance with the applicable procedures of this checklist.

Vessel Owner Name: _____

Vessel Owner Signature: _____ Date: _____

Under the provisions of the Paperwork Reduction Act of 1995 (PL 104-13) and the Privacy Act of 1974 (PL 93-579), you are advised that disclosure of the information requested in the Vessel Monitoring System (VMS) checklist is mandatory for the purpose of managing the Atlantic Pelagic Longline fishery. The checklist information is used to ensure proper operation of the VMS unit. Reporting burden for the collection of information is estimated to average 4 hours per installation, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the information. The burden for submission of this checklist is estimated at 5 minutes per response. Confidentiality of the information provided will be treated in accordance with NOAA Administrative Order 216-100. It is the policy of the National Marine Fisheries Service not to release confidential data, other than in aggregate form, as the Magnuson Act protects (in perpetuity) the confidentiality of those submitting data. Whenever data are requested, the NMFS ensures that information identifying the pecuniary business activity of a particular individual is not identified. Because you have been provided with a currently valid OMB control number for a collection of information subject to the requirements of the Paperwork Reduction Act, you are required to respond to, or be subject to penalty for failing to comply with, this collection of information. Send comments regarding this burden estimate or suggestions for reducing this burden to: NMFS, Office of Law Enforcement, 8484 Georgia Avenue, Suite 415, Silver Spring, MD 20910.